

WHAT PREVENTIVE CARE COVERAGE DO I HAVE?

The Highmark Preventive Schedule is a list of general care guidelines. We encourage you to take a copy of the schedule with you when you or a family member visits your medical provider.

The schedule includes tests that are performed for both routine and diagnostic reasons. If you are seeing your doctor and have not been diagnosed with a medical condition, you should expect the services to be performed for routine/preventive care. Only those procedures that are listed on the Preventive Schedule are covered during a preventive exam. If your doctor orders other tests, those tests may be subject to your deductible and/or coinsurance or they may be denied in certain instances. If you have a medical condition and the tests are being done to monitor the condition, then the services would be performed for diagnostic reasons and subject to your program’s deductible, coinsurance and copay as applicable.

	WHEN SUBMITTED AS ROUTINE UNDER FIRST STATE BASIC	WHEN SUBMITTED AS ROUTINE UNDER COMP PPO	WHEN SUBMITTED AS DIAGNOSTIC UNDER FIRST STATE BASIC	WHEN SUBMITTED AS DIAGNOSTIC UNDER COMP PPO
Physical Exam	100%	100%	Covered at 90% after \$500 deductible	\$20 copay
Gynecological Exam including PAP test	100%	100%	Covered at 90% after \$500 deductible	Gyn Exam- \$30 copay; PAP Smear- \$10 copay
Mammogram as required	100%	100%	Covered at 90% after \$500 deductible	\$20 copay
Colorectal Screening	100%	100%	Covered at 90% after \$500 deductible	Ambulatory Surgery Center \$50 copay; Outpatient Hospital - \$100 copay

Insurance carriers may differ in their preventive care schedules. If you or your doctor has questions about the administration of the care as listed on the schedule, please call Customer Service at the number listed on the back of your ID card.

* See the Preventive Schedule for specific procedures and risk factors.

TO ACCESS THE HIGHMARK PREVENTIVE SCHEDULE ONLINE, GO TO :

<http://ben.omb.delaware.gov/consumerism/prevention.shtml>

You can also call Customer Service for a copy of the schedule.

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。



HOW CAN I PAY TWO DIFFERENT AMOUNTS FOR THE SAME PROCEDURE?

YOUR BENEFIT PAYMENT DEPENDS ON HOW YOUR DOCTOR CODES YOUR PROCEDURE

Diagnostic tests or screenings performed for treating or diagnosing a medical condition are typically covered at your plan’s standard benefit level. If you are seeing your doctor and have not been diagnosed with a medical condition, services would be routine.

WHAT’S THE DIFFERENCE?

In general, the difference is due to the reason for the exam. When you see a doctor for routine care, you would not have symptoms or a previous medical history that would require the doctor to perform the procedure(s). When you receive diagnostic care, the doctor is performing the procedure(s) to find out what is wrong with you or to treat your condition.

If you or your doctor has questions about the administration of the care as listed on the schedule, please call **Member Service** at **1-844-459-6452**, Monday through Friday, 8 a.m. to 7 p.m.

SEE THE FOLLOWING EXAMPLES:

John, Janice, and Judy have procedures performed by their network physicians. All three have the same Comprehensive PPO plan. However, they pay different amounts for their care because John is receiving preventive care, Janice is receiving diagnostic care, and Judy is receiving both.

JOHN

REASON FOR EXAM: John turned 40 and figured he should have an annual exam to check his health.

Procedures Performed:

- Physical Exam
- Blood Pressure
- Cholesterol Screening
- Lipid Panel
- Fasting Blood Glucose
- Urinalysis
- CBC
- Comprehensive Metabolic Panel
- Thyroid

Doctor Codes and Submits as:
Routine

Benefit Payment:
The office visit is covered at 100 percent. The urinalysis, CBC, comprehensive metabolic panel and thyroid test would be denied since routine tests not listed on the Highmark Preventive Schedule are not covered.

JANICE

REASON FOR EXAM: Janice is a diabetic and is recovering from a near heart attack. The doctor put her on a strict diet and exercise regime and wants to perform follow-up tests to measure her improvement.

Procedures Performed:

- Physical Exam
- Blood Pressure
- Cholesterol Screening
- Lipid Panel
- Fasting Blood Glucose
- Urinalysis
- CBC
- Comprehensive Metabolic Panel
- Thyroid

Doctor Codes and Submits as:
Diagnostic

Benefit Payment:
In this scenario, the urinalysis, CBC, comprehensive metabolic panel and thyroid test would be covered at her standard benefit level because they are performed as diagnostic, not routine. The remaining procedures and office visits are covered at the standard benefit level.

JUDY

REASON FOR EXAM: Judy needs to follow up with her doctor to see if her cholesterol-reducing medication is working. While there, she figures she should take care of her routine physical and get a flu shot since flu season is coming.

Procedures Performed:

- Lipid Panel
- Physical Exam
- Flu Shot
- Urinalysis

Doctor Codes and Submits as:
Some procedures as diagnostic, some as routine.

Benefit Payment:
The routine physical exam and flu shot are covered at 100 percent. The urinalysis would be denied since it is being performed as routine and is not on the Highmark Preventive Schedule. The lipid panel would be covered at her standard plan benefit payment level because it is being performed as diagnostic.